



Essex County's CDBG Home Rehabilitation Grant Application

Applicant's Name _____ Birth Date: _____ Age: _____

Co-Applicant's Name _____ Birth Date: _____ Age: _____

Property Address _____ City _____ State _____ Zip _____

County _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

1. Number of person(s) in household; including applicant: _____

2. Provide name, age, and relationship(s) of all household members:

Name	Age	Relationship
		Self

3. Are Property Taxes paid? (i.e. Town, County, School) ☐ Yes ☐ No

If no, what years are unpaid? _____

Are you on an installment plan with the county? ☐ Yes ☐ No

4. Is this Your Primary Residence? ☐ Yes ☐ No If No, please explain: _____

5. Have you owned & occupied your home for one year or more? ☐ Yes ☐ No

6. Do you have a current Homeowner's Insurance policy? ☐ Yes ☐ No

7. Is this a single-family home? ☐ Yes ☐ No Year Built _____

8. Is this a ☐ Mobile Home (or) ☐ Single-story house (or) ☐ Two-story house

9. Do you own the land where your mobile home sits? ☐ Yes ☐ No ☐ Not Applicable

10. Is there a mortgage? ☐ Yes ☐ No Are payments current? ☐ Yes ☐ No

Name of mortgage holder: _____

11. Do you have any other liens on the property deed? ☐No ☐Yes - How many?_____

12. Is the Deed in applicant's name? ☐ Yes ☐ No If no, do you have **Life Use** ☐ Yes ☐ No

13. Is there a Land Contract on the property? ☐ Yes ☐ No

14. How did you hear about us? _____

15. Do you have more than \$15,000 in assets (checking, savings, IRA, 401K, CDs, etc.)? ☐ Yes ☐ No

16. Are you related to any public official in the County in which you reside or to any officer or employee of PRIDE of Ticonderoga? ☐Yes ☐No If YES, please explain:

17. Have you, or your co-applicant, previously received a housing grant from PRIDE or any other non-profit?

Agency Name _____ Grant Type & Amount _____ Date _____

Agency Name_____ Grant Type & Amount _____ Date_____

Agency Name_____ Grant Type & Amount _____ Date_____

18. Please provide a description of the repairs needed: (i.e., roofing, plumbing, electrical, etc.)

19. LIST ALL SOURCES OF INCOME AND AMOUNTS FOR ALL HOUSEHOLD MEMBERS

(Include SSI, SSD, PA, child support, alimony, pension, wages, unemployment, workers comp., etc.)

[illegible]

STATISTICAL DATA

Federal and State Law prohibits discrimination on the basis of age, sex, race and national or ethnic origin. PRIDE of Ticonderoga is committed to serving its community without discrimination and will comply with all rules and regulations regarding Fair Housing, Equal Opportunity, and Minority and Small Business Participation. This data is for statistical purposes only and will not be considered by any local, State, or Federal official in determining applicant eligibility for assistance.

APPLICANT

Are you a citizen of the U.S.? () yes () no

ETHNICITY Check One:

- ☐ Hispanic
 - ☐ Mexican
 - ☐ Puerto Rican
 - ☐ Other
- ☐ Non-Hispanic

RACE Check One:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other Single Racial _____
- ☐ American Indian or Alaskan Native & White
- ☐ American Indian or Alaskan Native & Black
- ☐ Asian & Black/African American
- ☐ Asian & Pacific Islander
- ☐ Asian & White
- ☐ Black/African American & White
- ☐ Native Hawaiian or Other Pacific Islander & Black
- ☐ Native Hawaiian or Other Pacific Islander & White
- ☐ Other Multi-Racial _____

Are you a person with a **physical** disability?

☐ Yes ☐ No

Are you a **veteran**? ☐ Yes ☐ No

Are you a **MEDICAID** recipient? ☐ Yes ☐ No

CO-APPLICANT

Are you a citizen of the U.S.? () yes () no

ETHNICITY Check One:

- ☐ Hispanic
 - ☐ Mexican
 - ☐ Puerto Rican
 - ☐ Other
- ☐ Non-Hispanic

RACE Check One:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other Single Racial _____
- ☐ American Indian /Alaskan Native & White
- ☐ American Indian /Alaskan Native & Black
- ☐ Asian & Black/African American
- ☐ Asian & Pacific Islander
- ☐ Asian & White
- ☐ Black/African American & White
- ☐ Native Hawaiian or Other Pacific Islander & Black
- ☐ Native Hawaiian or Other Pacific Islander & White
- ☐ Other Multi-Racial _____

Are you a person with a **physical** disability?

☐ Yes ☐ No

Are you a **veteran**? ☐ Yes ☐ No

Are you a **MEDICAID** recipient? ☐ Yes ☐ No

All information provided will be kept confidential. All applications received will become the property of PRIDE of Ticonderoga, Inc. I (We) hereby apply for assistance from PRIDE of Ticonderoga, Inc. I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participating in the program. I (We) hereby consent to and authorize PRIDE of Ticonderoga, Inc to obtain verification of information required for compliance with the regulations of this program, including income, expenses and employment.

Applicant's Signature

Date

Co-Applicant's Signature

Date

AUTHORIZATION TO SHARE/RELEASE INFORMATION: I am applying for, or seeking to obtain, a loan or grant from PRIDE of Ticonderoga, Inc. As part of the this process, PRIDE may share information contained in my request for assistance and the documents required for eligibility in connection with other area agencies for the purpose of collaborating funds. I understand any rights which I (we) may have to the contrary, pursuant to the privacy act, are hereby expressly waived for this purpose.

Applicant's Signature

Date

Co-Applicant's Signature

Date

